



OPERATORS ARE ASKED TO COMPLETE THE FOLLOWING FORM AND HELP  
IMPROVE COMPLIANCE IN THE COIN-OPERATED AMUSEMENT DEVICE INDUSTRY.

### MASTER LICENSE & STICKER REPORT

Address of unregistered machine: \_\_\_\_\_

Name of business: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Owner of machine (if known): \_\_\_\_\_

Street Address/Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Other relevant information on violation known: \_\_\_\_\_

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Name of business: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Owner of machine (if known): \_\_\_\_\_

Street Address/Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Other relevant information on violation known: \_\_\_\_\_

Please mail completed forms to:

Tennessee Department of Revenue  
Taxpayer Services Division  
500 Deaderick Street  
Nashville, Tennessee 37242